



03-21-02

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PTO/SB/83 (03-02)

Approved for use through 10/31/2002. OMB 0651-0035

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	10/003,332
Filing Date	10/31/2001
First Named Inventor	Donna M. Lomangino
Group Art Unit	
Examiner Name	
Attorney Docket Number	11922-35832

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

**Applicant has decided to proceed pro se and/or obtain
different patent counsel.**

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MAR 27 2002

Technology Center 2600

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2. ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS☐ Customer Number

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Bar Code Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Donna M. Lomangino				
Address	1042 Wisconsin Avenue N.W.				
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City	Washington	State	D.C.	ZIP	20007
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- ☐ This request is made on behalf of myself and
☒ all the attorneys/agents of record,
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number 26702

This request is enclosed in triplicate (including any attachments).

Name	Jack D. Todd Reg. 44,375
Signature	
Date	3/20/2002

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.